## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 200)

SERIAL NO.

SERIAL NO.

APPLICANT(S)

FILING DATE

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## SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED. I\*AMERDMENT 1 MAMENDMENT 1 AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 18 . 23 28 29 30 T TOTAL IND. TOTAL IND total peĥ (a TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS